

PART B - FEE(S) TRANSMITTAL

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32566

7590

07/26/2010

PATENT LAW GROUP LLP
 2635 NORTH FIRST STREET
 SUITE 223
 SAN JOSE, CA 95134

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/692,666

10/24/2003

Junxing Shen

ARC-P128

9958

TITLE OF INVENTION: COLOR MATCHING AND COLOR CORRECTION FOR IMAGES FORMING A PANORAMIC IMAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES ~~NO~~~~\$755~~ \$1,570

\$300

\$0

~~\$1055~~

10/26/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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THOMAS, MIA M

2624

382-170000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Patent Law Group LLP

2 David C. Hsia

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ArcSoft, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fremont, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies None

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☐ A check is enclosed.

☒ Payment by credit card. ~~XXXXXXXXXXXX~~

☒ The Director is hereby authorized to charge ~~XXXXXXXXXXXX~~ any deficiency, or credit any overpayment, to Deposit Account Number 502226 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /David C Hsia/

Date 2010-10-07

Typed or printed name David C. Hsia

Registration No. 46235

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